

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150056	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/01/2012
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NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N SENATE BLVD INDIANAPOLIS, IN 46206
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S0000	<p>This visit was for a State complaint survey.</p> <p>Complaint Number: IN00117085 Unsubstantiated: lack of sufficient evidence. 1 unrelated deficiency cited</p> <p>Survey Date: 11-1-12</p> <p>Facility Number: 005051</p> <p>Surveyor: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: claughlin 11/27/12</p>	S0000	<p>Preparation and execution of this response and plan of correction do not constitute an admission or agreement by the IU Health of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of state and federal law.</p> <p><b>Credible Allegation of Compliance and Correction:</b> For the purpose of any allegation that IU Health is not in substantial compliance with the regulations set forth, this plan of correction constitutes IU Health credible allegation of correction and compliance.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0588	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(B)</p> <p>(f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following:</p> <p>(B) Recommending corrective action plans on identified problems, reviewing outcomes, and assuring resolution.</p> <p>Based on document review and interview, the hospital failed to recommend a corrective action plan, review the outcome and assure resolution regarding bed bug infestation.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of facility policy IC 1.21, entitled BEDBUGS: PREVENTION AND CONTROL, revised January, 2011, indicated it provides guidance for an ongoing proactive approach to prevent bed bug infestations and provides guidance to recognize and address potential bed bug infestations.</li> <li>Review of the Infection Control Committee Meeting Minutes of December 15, 2011, January 26, 2012, February 23, 2012 and April 26, 2012</li> </ol>	S0588	<p><b>410 IAC 15-1.5-2 Infection Control</b> 410 IAC 15-1.5-2 (f) (3) (B) <b>Corrective Action(s):</b> By December 13, 2012, the IU Health Director of Infection Control reviewed hospital policy to determine if it adequately reflected expected standards of practice. The policy was revised to enhance an ongoing, proactive approach to prevent bug infestations. Policy language was clarified to describe actions to take if bed bugs are suspected. The Infection Control Plan was amended to include quarterly updates from the Director or his/her designee to the Infection Control Committee to include both sightings and proactive surveillance activities, including periodic rounds by dogs trained to identify bed bugs. Monthly communication will continue between Infection Control and Environmental Services to</p>	12/13/2012

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	<p>indicated the only meeting in which bed bugs were addressed was April 26, 2012. The minutes indicated IU Health has employed the use of a Bed Bug sniffing dog. The dog with the help of its handler performed a sweep of all hospital (sic) the downtown hospitals and found the presence of a bed bug a (sic) Methodist Hospital.</p> <p>3. In interview, on 11-1-12 at 3:25 pm, employee #A4 confirmed the above committee meetings. Also in interview, the employee indicated there were no other activities regarding bed bugs undertaken by the Infection Control Committee since April 26, 2012. No further documentation was provided prior to exit.</p> <p>4. Review of a document entitled PEST ACTIVITY LOG, indicated for the period June 28, 2012 through October 31, 2012, there were 29 reported sightings of bed bugs by hospital personnel at IU, Riley and Methodist Hospitals. Of these sightings, 19 were at Methodist Hospital.</p> <p>5. The hospital failed to take appropriate action to address an opportunity for improvement because the hospital was aware there were bed bugs present as determined by the Bed Bug sniffing dog in April, 2012, there were 19 reported</p>		<p>discuss the status of bed bug prevention activity and follow-up action as needed. When instances of suspected or actual bed bug concerns are brought to our attention IU Health ensures each situation is resolved immediately and then corrective action is monitored to ensure that it was successful. <b>Responsible Person(s):</b> The Director of Infection Control or his/her designee is responsible for ensuring that the Infection Control Committee receives reports of surveillance and occurrence activity, including follow-up when actions have been taken.</p>		

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	sightings between June 28, 2012 through October 31, 2012, and there was no action taken by the Infection Control Committee between April 26, 2012 through October 31, 2012 to address this issue.			